ANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NO 27330 SUMMARY STATEMENT OF DEFICIENCIES BEFER ROULATORY OR LSC DENTETTING INFORMATION 150 ID SUMMARY STATEMENT OF DEFICIENCIES BEFER ROULATORY OR LSC DENTETTING INFORMATION TAG CO00) Initial Comments This report is of a Followup Survey done by Bob Getchell on September 24, 2015. The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. SECTION 0.300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL Each tho or shower shall have privacy partitions or curtains for each water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains for each water closet (commodes) shall have privacy partitions or curtains. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like tollest, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015: a. There are he privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor on of Heath Service Regulation ANAROTY DIRECTORS or PROVIDERS PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor	lysion of Health Service R	egulation			FORM	APPROVE
HALOBSOD2 B. WINS STREET ADDRESS, CITY, STATE, ZP CODE SHOWHILL DRIVE MOUNT AIRY, NC 27030 PROVIDERS PLAN OF CORRECTION SUMMARY STATEMENT OF DEPICENCIES GEACH DEPICIES OF WALTER PROCEED BY FULL RECOUNT ON LISE DENTIFYING INFORMATION (C 000) Initial Comments This report is of a Followup Survey done by Bob Getoell on September 24, 2015. The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. (C 132) Bethrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (f) The bathrooms and toilet rooms shall be designed to provide privacy, Bathrooms and toilet rooms with two or more water closets. Each tub or shower shall have privacy partitions or curtains for each water closet. Each tub or showers, are designed to provide privacy. Bathrooms and toilet rooms with two or more water closets. Each tub or showers, hall have privacy partitions or curtains for each water closet. Each tub or showers, and the privacy partitions or curtains. This Rude is not met as evidenced by: 1. Besed on observation, the facility failed to ensure that plumbing lixtures, like toilets, tubs and showers, are designed to provide privacy in group settlings. Followup Findings on September 24, 2015. a. There are ho privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS? (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor on of Health Service Regulation ANATORY DIRECTORS OF PROVIDERS PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS? (a) Office of the Group Bathrooms of floor 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS? (a) Adult care homes shall: (b) The service Regulation and the privacy in group settlings. (c) The service regulation and the service privacy in group s	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		, -,		(X3) DATE SURVEY	
MALOSSO02 S. IMMS STREET ADDRESS, CITY, STATE, ZIP CODE			A. BUILDING: 01		COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL LORIVE MOUNT AIRY, NC 27930 PROVIDERS PLAN OF CORRECTION GEACH CORRECTIVE ACTION SHOULD BE FINE REGULATORY OR LSC IDENTIFYING INFORMATION) DINITIAL COMMENT TAG COOPY		HAL086002	B. WING			-
AS JOERNAL LONG TERM CARE FACILITY MOUNTAIRY, NC 27039 SUMMARY STATEMENT OF DEFICIENCIES EACH DEPICION MUST BE PRESENDED BY FULL REQUATORY OR AS DEPITEMENT OF DEFICIENCIES This report is of a Followup Survey done by Bob Getchell on September 24, 2015. The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. C 132) Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL Exhibs on designed to provide privacy. Bathrooms and toilet rooms with two or more water closet. Each tub or shower shall have privacy partitions or currelins for each water closet. Each tub or shower shall have privacy partitions or current that plumbing fixtures, like toilets, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015. a. There are ho privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS ? (a) Adult care homes shall: (1) have walls, cellings, and floors or floor on of Health Service Regulation ANTORY DIRECTORS OR PROVIDENSUPPLER REPRESENTATIVES Stagegure	ME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MOUNT AIRY, NC 27030 SUMMARY STATEMENT OF DEFICIENCIES GEACH DEFICIENCY MUST BE PRECEDED BY PULL RESULATORY OR LSC IDENTIFYING INFORMATION) This report is of a Followup Survey done by Bob Getchell on September 24, 2015. The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. 10 32 SECTION .0300 - PHYSICAL PLANT 10 ANCAC 13F.0305 PHYSICAL Exhibits or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like tollets, tubs and showers, are designed to provide privacy partitions or curtains; Followup Findings on September 24, 2015: a. There are no privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F.0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (C) 164) Housekeeping and follors or floor On of Health Service Regulation ANCORY DIRECTORS OF REQUIRIES.	OLONIAL LONG TERM CAR	RE FACILITY 340 SNO	WHILL DRIV	E		
### (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PARTIE		MOUNTA	IRY, NC 27	030		
This report is of a Followup Survey done by Bob Getchell on September 24, 2015. The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. C 132) Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT: (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like toilets, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015: a. There are ho privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor Son of Health Service Regulation NATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES standards.	REFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL .	PREFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES	D BE	COMPLETE DATE
Getchell on September 24, 2015. The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. C 132) Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like toilets, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015: a. There are ho privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS ! (a) Adult care homes shall: (1) have walls, cellings, and floors or floor on of Health Service Regulation ANTORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES (1000) PURE TORS TORS TORS TORS TORS TORS TORS TORS	000) Initial Comments		(C 000)			
The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. C 132) Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NOAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets. (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like toilets, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015: a. There are ho privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NOAC 13F .0306 HOUSEKEEPING AND FURNISHINGS! (a) Adult care homes shall: (1) have walls, ceillings, and floors or floor on of Health Service Regulation ANTORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES (1004)				PARKET DE L'ESPAN DE L		
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like toilets, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015: a. There are no privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS! (a) Adult care homes shall: (1) have walls, ceillings, and floors or floor on of Health Service Regulation ANTORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES (1000-100).	have not been corrected, therefore a new plan of					
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closets. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like tollets, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015: a. There are ho privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS: (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor on of Health Service Regulation ANTORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES (100-8) ANTORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES (100-8) RATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES (100-8) RATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES (100-8) RATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES (100-8) (1) The provided in the country in the co			ı	· 1886		
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like tollets, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015: a. There are no privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 184) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS! (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor on of Health Service Regulation RATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIDNAME A J CURTIFICATION TO THE PROVIDER/SUPPLIER REPRESENTATIVES SIDNAME RATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIDNAME TO THE PROVIDER SIDNAMENT TO THE PR	132) Bathrooms-Must Provide Privacy		{C 132}			
a. There are no privacy curtains or partitions provided in the Group Bathrooms throughout the facility. C 164) Housekeeping and Furnishings-Clean, Repaired (C 164) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor ion of Health Service Regulation in the company of the compan	10A NCAC 13F 0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and tollet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like tollets, tubs and showers, are designed to provide privacy in group settings.				e N 1445	10-19-
10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor on of Health Service Regulation RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 100.25	There are no provided in the Grofacility.	rivacy curtains or partitions oup Bathrooms throughout the	(C 164)			
(1) have walls, ceilings, and floors or floor on of Health Service Regulation PATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNABURE RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNABURE	10A NCAC 13F .03 FURNISHINGS (a) Adult care home	06 HOUSEKEEPING AND				
RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	(1) have walls, ceil	lings, and floors or floor				
	on of Health Service Regulation	DEDICHIDDI IFR REPRESENTATIVES Sin	AGMINITE .	Title	est.	AND COMPANY
1 1 1 2 M Th - MY MALL 18 - 16 - 16 - 16 - 16 - 18 - 16 - 16 -	ion of Health Service Regulation		CONTRE	Admin	to.	-16-

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES: (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL086002 09/24/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE COLONIAL LONG TERM CARE FACILITY MOUNT AIRY, NC 27030 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (1845) ID EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PILEFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) LAG TAG DEFICIENCY) (C 164) (C) 164) Continued From page 1 coverings kept clean and in good repair; (2) have no chronic unpleasant odors: (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Bedroom wills in Rm9 10-19-15 Have been cleaned Housekeeping clean the Walls on neekly basis C164A Followup Findings on September 24, 2015: a. Bedroom 9 walls need cleaning. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions Commode Verr RM22 has been tighted down 10-19-17 maintence will check mill commodes monthlyand equipment in disrepair. C 164 3 A Followup Findings on September 24, 2015: The connection of the commode to the floor was loose in Bathroom near Bedroom 22. (C 166) (C 166) Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities, This Rule is not met as evidenced by: Based on Observation, the facility failed to provide an environment in accordance with this

ivision of Health Service Regulation

TATE FORM

**

WH0X22

If continuation sheet 2 of 6

PRINTED: 10/06/2015

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL086002 09/24/2015 NAME OF PROVIDER OR SUPPLIER SYREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE COLONIAL LONG TERM CARE FACILITY MOUNT AIRY, NC 27030 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (\$4) ID PREFIX (0.5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFIC:ENCY) {¢ 166} Continued From page 2 (C 188) Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Reduent in corridor Near C166 RM 5 filter ins been Replaced maintence w 11 moution filters And HVAC geilles and dumpers monthly Followup Findings on September 24, 2015: Αì The HVAC grilles, ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint. Locations of specific examples include but are not limited to: Return in corridor neat Bedroom 5. C 185] Fire Safety-Rehearsals on Each Shift (C 185) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing. facilities. This Rule is not met as evidenced by: Based on Record review and interview with Manager the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, steff and visitors by not having trained staff and cooperative residents

ivision of Health Service Regulation

when a there is a need to evacuate the building.

STATE FORM

WH0X22

If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER COMPLETED A. BUILDING: 01 B. WING HAL086002 09/24/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE COLONIAL LONG TERM CARE FACILITY MOUNT AIRY, NC 27030 (\$4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE 4CTION SHOULD BE COMPLETE PREFIX DEFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE fAG TAG DEFICIENCY) ((185) Continued From page 3 (C 185) Fire Rehearsils will be 10-19-15 performed Monthly Alternating 1st, 2nd, and 30: Shifts Admin. will monitor Reheards Findings on June 18, 2015: There was no documentation of third and ≤ 185 fourth quarter rehearsals for the last twelve 1,2 The fire plan rehearsal records provided only a limited description of what the rehearsal involved (C 189) (C 189) Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs, did not work or relay directional information properly. This would affect installed on each side 2 wks all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Followup Findings on September 24, 2015: With the Firewall doors closed, the Exit is not visible and on both sides of the Firewall there were no exit signs directing you to exit through the door. 4. Based on observation, the Bullding was not maintained in a safe and operating condition,

Notice of Health Service Regulation

Division of Health Service Regulation

TAITE FORM

Cana

WH0X22

If continuation shoot 4 of 6

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED B. WING HAL086002 09/24/2015 NUME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE COLONIAL LONG TERM CARE FACILITY MOUNT AIRY, NC 27030 SUMMARY STATEMENT OF DEFICIENCIES K4) ID REFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (© 189) Continued From page 4 (C 189) because the emergency lighting, which illuminates the egress pathways during power outages, dld not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. The emeagary light NEAR.

the NURSES CESE has been 10-19-15

Replaced

Massidemence will mointain Followup Findings on September 24, 2015: C 189 The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the Nurse Station. monthly Based on observation, the Building was not maintained in a safe and operating condition. because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all Bedroom 2's Door will be religisted so as to close And latch Zwks mointeness will movitor doors monthly residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the 819 C189 room of origin. Followup Findings on September 24, 2015: Bedroom 23 corridor door does not close. completely and latch, when using normal closing force. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its ceiling has been Replaced integrity. This could affect all residents, staff and C189 in the Stone e Rm on Back visitors if smoke/fire is not contained in Room or 109 compartment of origin. Followup Findings on September 24, 2015: g. In the Storage Room under the Back Porch C189 near the Kitchen the ceiling was missing in area The exhaust FAN grill will be Replaced in 10 h. and had fallen; down in other areas: The exhaust fan grille did not completely

ivition of Health Service Regulation

TATE FORM

WHDX22

8860

If cominuation sheet 6 of 6

S'ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X5) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED B. WING HAL086002 09/24/2015 NIME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE COLONIAL LONG TERM CARE FACILITY MOUNT AIRY, NC 27030 SUMMARY STATEMENT OF DEFICIENCIES K4) 1D PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (D 169) 2 WKS Continued From page 5 (C 189) MOPROOM. cover the hole through the ceiling at the following locations to include but not limited to: iv. Mop Room telephone carble will be RAN threw the WALL AND ANY opinings covered with Fire chark Based on observation, the Building was not C 189 maintained in a safe and operating condition. 114 because the electrical power system was not being operated or maintained. This would affect all staff, by allowing unsafe conditions to persist. Followup Findings on September 24, 2015: a. There was a "telephone cable" running in the corridor door opening, interfering with the proper closing of the door to the Dining Room. 13. Based on Observation, the facility failed to provide necessary equipment to ensure clean C189 Shampoo Sink hose will be shortened as to Not not touch the flow. Zinks potable water supply. 13 A Followup Findings on September 24, 2015: The shampoo sink in the Beauty Shop had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. ivision of Health Service Regulation

Division of Health Service Regulation

TATE FORM

WH0X22

If continuation sheet 6 of 6